



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SHANNON CLINIC
206 NORTH MAIN
SAN ANGELO TX 76903

Respondent Name

EMPLOYERS GENERAL INSURANCE

Carrier's Austin Representative Box

Box Number 44

MFDR Tracking Number

M4-10-3993-01

MFDR Date Received

MAY 11, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Have followed all the special guidelines."

Amount in Dispute: \$497.68

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The attached memo dated August 9, 2010 from Monica Culpepper at CorVel explains how the provider's medical bill did not comply with the billing code requirements for drugs used in implantable infusion pumps. See 28 TAC § 133.20(c). As such, the provider is not entitled to reimbursement."

Memo dated August 9, 2010 from Monica Culpepper at CorVel Corporation: "The provider also billed CPT code J0475 for the injection of Baclofen into the pain pump. This service was denied because this is not the appropriate HCPCS code and modifier as set forth by Medicare for drugs used with implantable pumps. Per Medicare policy, *compound drugs used in implantable infusion pumps, MUST be billed using HCPCS code J7799-KD, whether a single or a combination of drugs are administered. (The KD modifier is used in conjunction with J7799 to identify that the drugs used are for an implanted infusion pump) The providers are NOT to use individual HCPCS codes for those drugs that may have their own HCPCS code.* In its original submission and subsequent appeals Shannon Clinic has failed to properly bill the correct coding for a pump refill as outlined by the above referenced CMS policy."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 7, 2009 January 20, 2010	Pain Pump Refill - HCPCS Code J0475	\$497.68	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, effective May 25, 2008, 33 *Texas Register* 3954, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- Please rebill with corrected coding for pump refill with listed drugs used in refill in box 19 on CMS-1500 billing form.
- 128-Please re-submit with appropriate CPT-4 Code.
- 16-Not all info needed for adjudication was supplied.
- 193-Original payment correctly processed 1st time.
- KD-When drugs are infused through implanted DME.
- 168-No description listed on EOB.
- Please re-code with the appropriate HCPCS code and modifier set forth by Medicare for drugs used with implantable pumps.
- 4-Required modifier missing or inconsistent w/proced.

Issues

1. Did the requestor support position that billing is in accordance with Medicare policy? Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203 (b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 Texas Administrative Code §134.203 (d)(1) (2) and (3) states "The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows: (1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule; (2) if the code has no published Medicare rate, 125 percent of the published Texas Medicaid fee schedule, durable medical equipment (DME)/medical supplies, for HCPCS; or (3) if neither paragraph (1) nor (2) of this subsection apply, then as calculated according to subsection (f) of this section."

HCPCS code J0475 is defined as "Injection, baclofen, 10 mg."

A review of the submitted explanation of benefits indicate that on the disputed date of service the requestor billed the following services in conjunction with HCPCS code J0475: 99213-Office visit; 95991-Refilling and maintenance of implantable pump or reservoir for drug delivery, and 62368-Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion...with reprogramming. Therefore, the disputed service was the refill drug used in an implantable infusion pump.

Trailblazers Health Enterprises published an article titled "Part B Drugs Used in an Implantable Infusion Pump" in March 2010. This article provided coding guidelines that indicate that "...compounded drugs used in an implantable infusion pump must be billed using Not Otherwise Classified (NOC) code J7799KD, whether a single drug or a combination of drugs is administered."

The respondent states "the provider's medical bill did not comply with the billing code requirements for drugs used in implantable infusion pumps."

A review of the submitted explanation of benefits indicates that the requestor did not bill for the disputed drug used in an implantable infusion pump in accordance with Medicare policy. As a result, reimbursement cannot be recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor failed to support its position that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	05/09/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.